



PTO/SB/17 (12-04v2)

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<b>Effective on 12/08/2004.</b> Applicable to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	10/790,502-Conf. #1038
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 1, 2004
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,110.00		First Named Inventor	Kanu G. Shah
		Examiner Name	M. D. Bissett
		Art Unit	1711
		Attorney Docket No.	60680-1843

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: **18-0013** Deposit Account Name: **Rader, Fishman & Grauer PLLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
14	0	x	=	Fee (\$)	Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
4	1	x 200.00	= 200.00		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 1251 Extension for response within first month		120.00
1801 Request for continued examination (RCE) (see 37 ...)		790.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	36,018
Name (Print/Type)	Michael B. Stewart	Telephone	(248) 594-0633
		Date	September 9, 2005

**Fee Transmittal**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 130835151 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/9/05 Signature: Kathryn L. Nash (Kathryn L. Nash)